



Teaming Up for Survivors

USING COLLABORATIVE EFFORTS TO SERVE
SURVIVORS OF DOMESTIC VIOLENCE

IN Coalition Against Domestic Violence

ICADV works in a variety of areas to further the mission of eliminating domestic violence. We are a member organization comprised of over 100 agencies, partners, and individuals working to support and serve the thousands of domestic violence survivors. Our mission to end domestic violence begins by ensuring our services are provided throughout communities that are disproportionately impacted by violence.

We believe that domestic violence is preventable and when we come together, we can create real change in our communities to ensure safe, stable, and nurturing relationships and environments for all people.



Hands of Hope

Hands of Hope has been providing comprehensive domestic violence, sexual violence, and stalking prevention and intervention services since 1982 in Grant County and since 1994 in Wabash County.

In September 2021, after providing residential emergency shelter services in Grant County, the Flannery-Keal Home became a day shelter and services were changed to mobile advocacy where services are provided in Grant and Wabash Counties.

Currently Hands of Hope staff include two full-time outreach advocates, two full-time housing/outreach advocates, a Family Resource Advocate, as well as a full-time Grant County Community Education Coordinator.

Goals

- Provide an overview of domestic violence stats in Indiana
- Discuss strategies to improve integration of services for survivors of domestic violence
- Find meaningful ways to collaborate
- Complete an activity to develop an action plan

Domestic Violence (DV) in Indiana

- DV Counts Report for Indiana 2022
 - 97% of DV programs in Indiana participated in the count
 - 1,789 victims served in one day through residential and non-residential service
 - 1,231 served in emergency shelters, transitional housing, hotels, motels, or other housing provided by local DV programs
 - 558 received non-residential supportive services related to legal needs, housing advocacy, transportation, mental health, public benefits, and more.
 - 509 hotline contacts received, averaging 21 contacts per hour
 - 982 people educated
 - 36 public training sessions held addressing topics like DV prevention and early intervention
 - 116 unmet requests for services
 - Approximately 85% of these unmet requests were for housing and emergency shelter
 - Down from 94% in the previous year

National Network to End Domestic Violence (2022). 16th Annual Domestic Violence Counts Report. Washington, DC. Retrieved from: [NNEDV.org/DVCounts](https://nnedv.org/DVCounts)





DOMESTIC VIOLENCE FATALITIES

July 1, 2021 - June 30, 2022

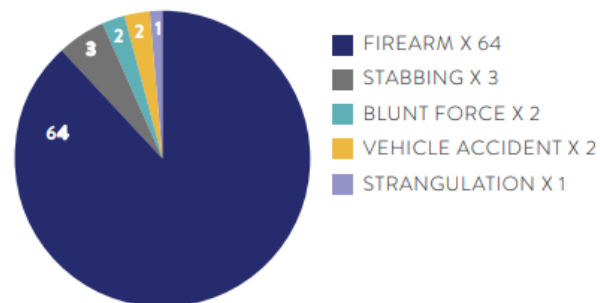
72 FATALITIES
resulting from 46 INCIDENTS.

GENDER OF DECEDENT

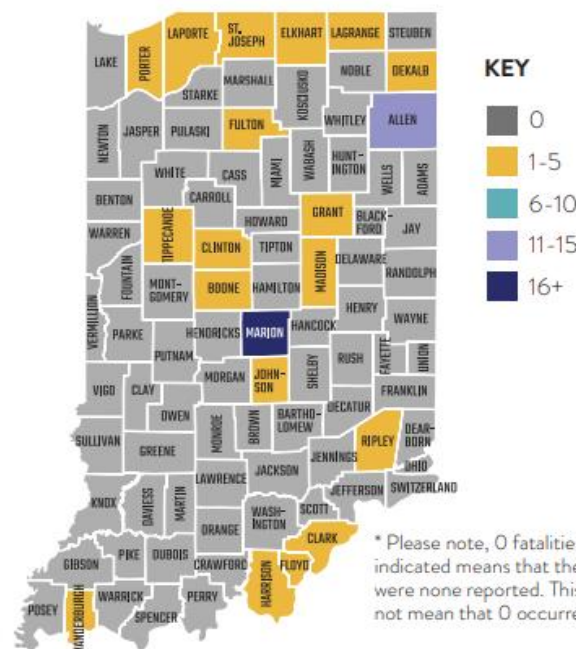


* Please note, the gender reported is based on publicly available sources and typically corresponds to the gender assigned at birth, not necessarily the gender identity each person may have been expressing at the time of their death.

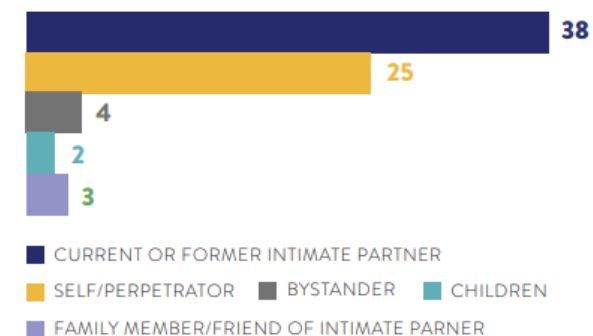
MANNER OF FATAL INJURY



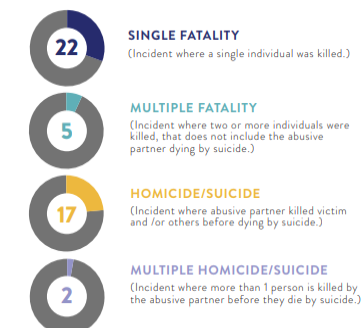
FATALITIES BY COUNTY



RELATIONSHIP TO PERPETRATOR



TYPE OF FATAL INCIDENT



Indiana Coalition
Against
Domestic Violence

Intersection of DV and Homelessness

- Up to 57% of all homeless women report that domestic violence was the immediate cause of their homelessness.ⁱ Additionally, 38% of all victims of domestic violence become homeless at some point in their lives.ⁱⁱ
- A victim of domestic violence will often leave an abuser multiple times before finally escaping the violence, therefore, experiencing multiple periods of homelessness.ⁱⁱⁱ
- Over 90% of homeless women have experienced severe physical or sexual abuse at some point in their lives, and 63% have been victims of intimate partner violence as adults.^{iv}
- In a 2006 report by the U. S. Conference of Mayors, 44% of the cities surveyed identified domestic violence as the primary cause of homelessness.^v
- Over 80% of survivors entering shelters identified affordable housing as a need, second only to safety for themselves at 85%.^{vi}

ⁱ Wilder Research Center, Homelessness in Minnesota 2003 22 (2004); Center for Impact Research, Pathways to and from Homelessness: Women and Children in Chicago Shelters 3 (2004); Nat'l Center on Family Homelessness & Health Care for the Homeless Clinicians' Network, Social Supports for Homeless Mothers, 14 26 (2003); Inst. For Children & Poverty, The Hidden Migration: Why New York City Shelters Are Overflowing with Families (2004); Homes for the Homeless & Inst. For Children & Poverty, Ten Cities 1997-1998: A Snapshot of Family Homelessness Across America 3 (1998); Virginia Coalition for the Homeless, 1995 Shelter Provider Survey (1995)(out of print), cited in Nat'l Coalition for the Homeless, Domestic Violence and Homelessness: NCH Fact Sheet #8 (1999).

ⁱⁱ Charlene K. Baker, Cook, Sarah L., Norris, Fran H., "Domestic Violence and Housing Problems: A Contextual Analysis of Women's Help-seeking, Received Informal Support, and Formal System Response," Violence Against Women 9, no. 7 (2003): 754-783.

ⁱⁱⁱ A. Browne & S. Bassuk, Intimate Violence in the Lives of Homeless and Poor Housed Women, American Journal Orthopsychiatry, 67 (2) 261-278 (April 1997).

^{iv} Browne, A. 1998. "Responding to the Needs of Low Income and Homeless Women Who are Survivors of Family Violence." Journal of American Medical Women's Association. 53(2): 57-64.

Strategies to Improve Integration of Services



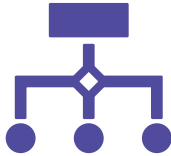
Awareness and Understanding

- Provides basis for successful collaborations
- Lack of shared knowledge and misperceptions lead to working in silos
- Understanding common language – sometimes we mean the same things, but we use different words and descriptions
- Organizational capacity
 - Look for ways to expand programming – how can you expand a programming and bring in partners in a meaningful way?
 - Where can services be enhanced through partnerships?

Communication and Coordination

- Staff and agencies are often underfunded and overstretched
 - Working together can help, working alone can hinder a program's ability to provide essential services
- Approach partners to learn more about the services they provide and what can be offered
 - Provide all staff with necessary information
 - Work out and revisit referral processes.
 - Leave lines of communication between agencies open
- Joint meetings (in person or virtual) to connect, ask questions, and work out relationship kinks
 - Discuss program changes, staffing changes, etc.
 - Understanding the requirements of each other's programs is very important for ongoing collaboration
- Make coordination meaningful
 - Teams from different agencies are working together to meet the multiple needs of families and survivors

Collaboration ★



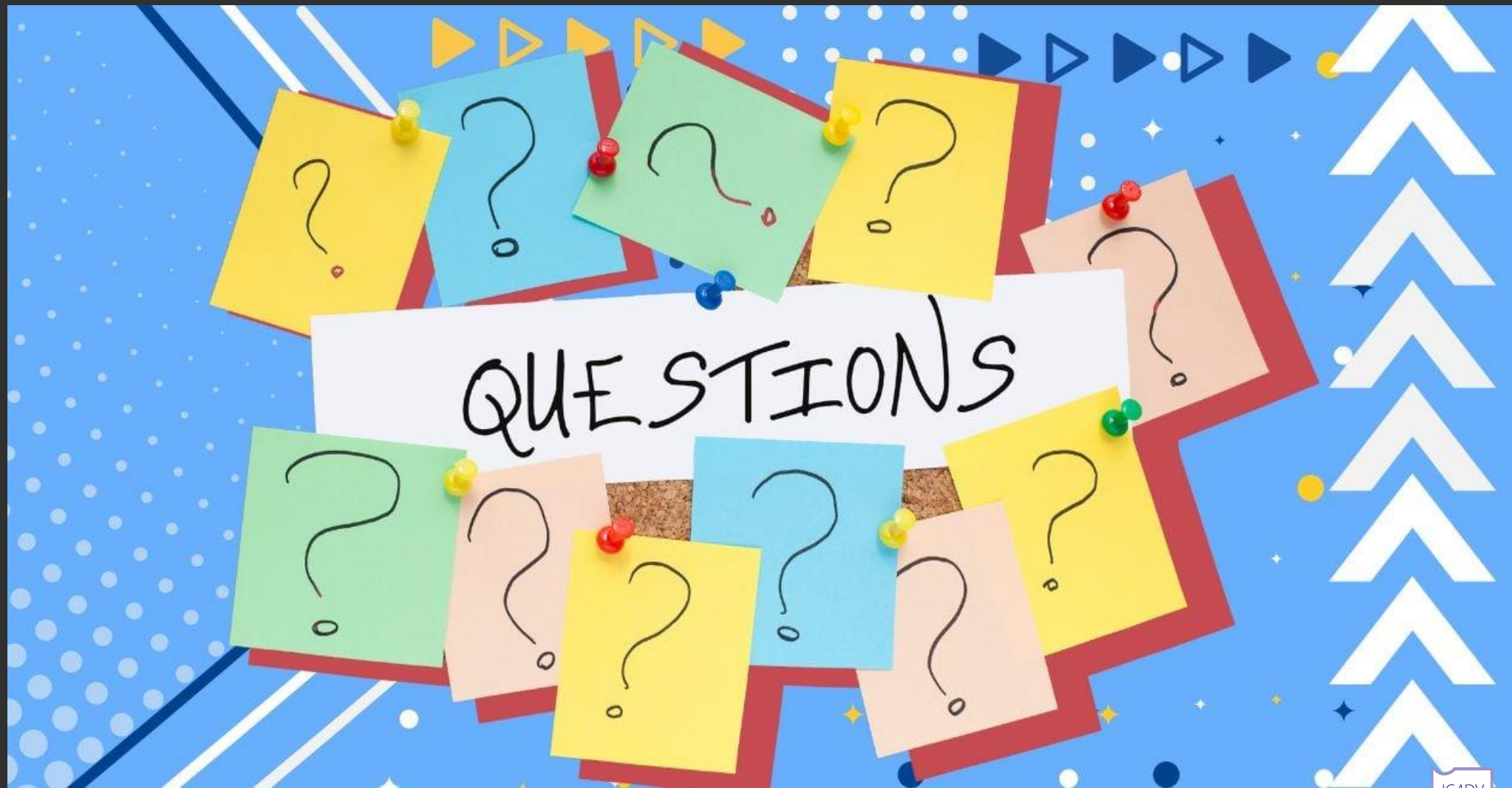
Should be developed from clear and open communication and coordination of practices
Who, What, When, Where, How, Why?



Requires organizational commitment



Should be formally documented and revisited



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ACTIVITY

TIME

- 1) Determine gaps in services at your agency for survivors of domestic violence
- 2) Develop a list of community partners that might have expertise to fill this gap
- 3) Discuss with your neighbor

Action Plan

- 1) Research community partner(s) to fill gap(s)
- 2) Schedule meet n' greet to learn more
- 3) Collaborate!



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Referrals & Resources

- Locate DV Programs by County: (<https://icadvinc.org/domestic-violence-programs/>)
- 24-Hour Statewide Hotline: **800-332-7385**
- Línea directa estatal de 24 horas: **800-332-7385** Servicios en Español disponible.
- Videophone (for Deaf & Hard of Hearing Services): **317-644-6206**
- General Referrals and Information — **2-1-1 (866-211-9966)**